



At a Glance:

*Migraine Basics

*Rebound headaches

*Prevention and treatment of headaches and migraines

*Types of headaches



Did You Know?

-Every 10 seconds, someone goes to the emergency room with a headache or migraine

-Migraines rank in the top 20 of the world's most disabling medical illnesses

- Migraines are more common in women and often become less severe with age

- Simple lifestyle changes, such as eating healthy meals and engaging in regular exercise can reduce your number of migraine attacks

Managing Your Migraines

What you should know when life gives you a headache

What is a Migraine?

Almost everyone has a headache from time to time, but migraines are different from other headaches. Unlike a regular headache, a migraine is a medical condition, often described as severe, recurring headaches with throbbing pain on one or sometimes both sides of the head. Migraine attacks may last between 4 and 72 hours and are often accompanied by visual disturbances, nausea, vomiting, and sensitivity to sound and light. Migraines are usually not a threat to your overall health, but they can interfere with your day-to-day life.

What Causes a Migraine?

Although the exact cause of a migraine is not fully understood, many experts believe it is due to imbalances of natural substances produced in the brain. These imbalances can cause the blood vessels in the brain to expand and become inflamed, pressing on nearby nerves and resulting in pain. Regardless of the exact mechanism, we know that people with migraines react to a variety of factors, called triggers. These triggers can vary from person to person and may not always lead to a migraine. Common triggers include:

Hormonal Changes—Fluctuations in estrogen appear to trigger headaches in many women with migraines. This is often reported immediately before or during their periods, corresponding to a major drop in estrogen levels. Others have a tendency to develop migraines during pregnancy or menopause.

Foods—Common foods that appear to trigger headaches in some people include alcohol (especially beer and red wine), aged cheese, chocolate, pickled or marinated food, aspartame (found in many artificial sweeteners and diet soft drinks) and overuse of caffeine. Skipping meals or fasting can also trigger migraines.

Stress—Both mental and physical stress have been known to trigger a migraine attack.

Sensory stimuli—Bright lights, loud noises and strong odors can trigger a migraine. Even pleasant scents such as perfume or flowers can provoke a headache.

Changes in environment—A change in weather, season, altitude level, barometric pressure or time zone can prompt a migraine.

How Can I Prevent a Migraine?

Practicing these habits can reduce the number of migraine attacks:

- Avoid or limit triggers
- Get up and go to bed at the same time every day
- Do not skip meals and eat healthy foods
- Engage in regular physical activity
- Limit alcohol and caffeine intake
- Learn ways to reduce and cope with stress

Migraine Diaries

A migraine diary can help you determine what triggers your migraines. You should record when your headache starts, how long it lasts, and what provides relief. Be sure to note your response to any medications that you take. Also, be sure to pay attention to the foods you ate in the past 24 hours, any unusual stress, and what you are doing when your headache strikes.



Helpful Web-sites

Migraine Research Foundation
www.migraineresearch-foundation.org

The National Migraine Association
www.migraines.org

National Headache Foundation
www.headaches.org

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The “Classic” Migraine

A migraine with aura is often referred to as the “classic” migraine. An aura is a sensation that comes before the onset of a migraine, usually occurring less than half an hour before the pain begins. The aura may include seeing a bright or shimmering light or even experiencing changes in hearing or smell.

The “Common” Migraine

The “common” migraine is simply a migraine that presents without aura. Only about 20% of migraine sufferers experience aura, while the majority bypass the aura phase.

How Do We Treat Migraines?

Many medications have been specifically designed to treat migraine attacks. Additionally, some medications used for other conditions are also used to relieve or prevent migraines. Medications used to combat migraines fall into two broad categories: Pain-Relieving Medications and Preventative Medications

Pain-Relieving Medications– Designed to stop symptoms after they have begun

- **Nonsteroidal anti-inflammatory drugs (NSAIDs)**–Examples include ibuprofen (Advil®, Motrin®) or aspirin. These may ease moderate migraines, but are not effective alone for severe migraines. If taken for long periods of time, NSAIDs can lead to ulcers, stomach bleeding and rebound headaches.
- **Triptans**–Drug of choice for severe migraine attacks. They are effective in relieving pain, nausea, and sensitivity to light and sound. Examples include Imitrex® (sumatriptan), Maxalt®, Amerge®, Zomig®, Axert®, Frova®, and Relpax®.
- **Ergots**–Ergotamine (Ergomar®) has been used for over 60 years and was a common prescription before triptans were introduced. It is much less expensive, but also less effective than triptans.
- **Anti-nausea medications**–Often used to minimize nausea with or without vomiting. Frequently prescribed medications are metoclopramide, prochlorperazine, or promethazine.
- **Butalbital combinations**–Butalbital is a sedative combined with aspirin or acetaminophen and often caffeine or codeine. These medications have a high risk of rebound headaches and withdrawal symptoms and should be used infrequently.
- **Opiates**–Medications that contain narcotics, particularly codeine, are occasionally used in people who can’t take triptans or ergots. These drugs are habit-forming and should be used as a last resort.

Preventative Medications–Taken regularly on a daily basis to reduce severity and frequency of migraines

- **Cardiovascular drugs**–Beta blockers, commonly used for blood pressure and coronary artery disease, are considered first line. Other cardiovascular agents, such as calcium channel blockers and ACE inhibitors are also useful in migraine prevention.
- **Tricyclic Antidepressants**–These are older medications that may reduce migraines by affecting the level of serotonin and other chemicals in the brain. You do not have to have depression to benefit from these drugs. Newer antidepressants generally aren’t as effective for migraine prevention.
- **Anticonvulsants**–Although the reason is unclear, some anticonvulsants, such as divalproex sodium (Depakote®) and topiramate (Topamax®) seem to prevent migraines. In high doses, these medications may cause side effects, such as nausea, vomiting, diarrhea, cramps, hair loss and dizziness.

When should I seek help for my headaches?

- Multiple headaches per month
- If your headaches disrupt home, work or school life
- If you have nausea, vomiting, vision, or other sensory problems
- Pain around the eye or ear
- Severe headache with stiff neck
- Confusion or loss of alertness
- Headache after a blow to the head



What are Rebound Headaches?

Sometimes your efforts to control your headaches can cause serious problems. Rebound headaches, also known as medication over-use headaches, occur when pain medication is used too frequently. **Not only will medications stop relieving pain, but they can actually begin causing headaches.** You then begin taking more medication, which traps you in an ongoing cycle. If you take over-the-counter or prescription pain medication more than 2-3 times per week or in excessive amounts, you should talk to you doctor because you may be at risk for rebound headaches.

Other Types of Headaches

There are many types of headaches-150 diagnostic categories have been established by the International Headache Society! Here is a look at some of the other types of headaches that many people experience.

Tension Headaches: Also known as chronic daily headaches, tension headaches are the most common type of headaches among adults and adolescents. These are muscle contraction headaches that cause mild to moderate pain to come and go over a prolonged period of time.

Sinus Headaches: Sinus headaches are associated with deep, constant pain in the cheekbones, forehead, or bridge of the nose. Often this pain intensifies with straining or sudden head movements, and usually occurs with other sinus symptoms, such as nasal discharge, fever, facial swelling, or ear pain.

Cluster Headaches: Although uncommon, cluster headaches are the most severe type of headache. These are often described as having a burning or piercing pain that is throbbing or constant. The pain is located behind one eye or in the eye region, without changing sites. These are termed “cluster headaches” because they tend to have a characteristic grouping of attacks. Cluster headaches occur 1-3 times per day during a cluster period, which may last 2 weeks to 3 months.

Acute Headaches: Acute headaches are seen in children and occur suddenly and for the first time. Typically symptoms subside after a relatively short period of time. The most common cause for acute headaches in children and adolescents is a respiratory or sinus infection.